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naintenance fee notificat					1 1 1	the section of the	
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Fay Kaplun & 1 150 Broadway, s New York, NY	ruite 702		I her State addir trans	eby certify that this Fee(s s Pospal Service with suff essent to the Mail Stop printed to the USPTO) Transmittal is being de ficient postage for first cl SSUE FEE address abo () 273 2885 op the date	posited with the United ass mail in an envelope ove, or being facsimile indicated below	
11011 10111, 111			/ -/	Oleg F. Kaplun	/// ^	(Pepositor's name)	
					1/6	(Signature)	
				January /, 2011	/ /	(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTO:	RNEY DOCKET NO.	CONFIRMATION NO.		
10/735 854	10/735,854 12/16/2003		Robert Frigg		10139/13801	3166	
TITLE OF INVENTION: OSTEOSYNTHETIC IMPLANT WITH AN EMBEDDED HINGE JOINT							
APPLN, TYPE	SMALL ENTITY	ISSUE FEB DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/05/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SCHAPER, MICHAEL T		3775	606-069000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Pree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) WEST CHESTER, PENNSYLVANIA Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
) are submitted: (No small entity discount # of Copies		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1492 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \] NOTE: The Issue Fee and Publication Fee (it required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the large states beginning that the applicant is a registered attorney or agent; or the assignee or other party in interest as shown by the records of the large states beginning to the large states are all the control of the large states.							
NOTE: The Issue Fee a interest as shown by the	and Publication Fee (if re e records of the optical S	quired) will not be accept tates Detent and Trademar	ed from anyone other than k Office.	the applicant; a registered	Tanorney of agent, or the	assigned of other party w	
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Typed or printed name Oleg F. Kaplun Registration No. 45,559							
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